

2/19/03

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       | ✓        | 32     | 11/14    |
| <b>FORMALITY REVIEW</b>          | ✓        | JCS69  | 12/15/00 |
| <b>RESPONSE FORMALITY REVIEW</b> | ✓        | 1091   | 04/17/01 |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy